

Benefit and Copayment Changes Effective January 1, 2016

Medicaid/Healthy Montana Kids Plus

- Effective January 1, 2016, members who currently have Basic Medicaid coverage will have Standard coverage. Full Medicaid will now be called Standard Medicaid. In addition, the Essentials for Employment and Emergency Services coverage for members who have Basic Medicaid will no longer exist, as those services are covered through Standard Medicaid.
 - Members who previously had Basic Medicaid coverage will now have coverage for:
 - Eyeglasses and routine eye exams;
 - Audiology and hearing aids;
 - Personal care services;
 - Dental and denturist services; and
 - Durable medical equipment and supplies.
- **Copayment Changes:**
 - Copayments for inpatient hospital stays will be \$75 per discharge down from \$100 per discharge.
 - Copayments for outpatient prescriptions will be a minimum of \$1 per prescription up to a maximum of \$4, not to exceed \$24 a month. The previous cost share was a minimum of \$1 up to a maximum of \$5, not to exceed \$25 a month.
 - Copayments for outpatient services will range from \$1 per visit up to a maximum of \$4 per visit down from \$5 per visit.
- **Changes to Limits:**
 - The 40 hour limit per fiscal year for therapy (speech, occupational, and physical) services will no longer apply.
 - One exam and one set of eyeglasses every year or 365 days will be allowed.
 - Cardiac therapy will have no annual limit.
 - Over-the-counter (OTC) folic acid will be covered.
 - Detox services will have no daily limit.
 - Adults ages 21 and over will be limited to \$1,125 of dental treatment benefits annually (July-June). Some dental covered services do not count towards the annual limit (dentures, anesthesia, diagnostic and preventive dental services). Adults determined categorically eligible for Aged Blind Disabled Medicaid are not subject to the annual dental treatment limit, however, service limits may apply.



- **Prior Authorization Changes:**

- Inpatient and day treatment services for substance use disorder will no longer be limited to members under 21. Prior authorization will no longer be required for these services.
- Prior authorization will no longer be required for outpatient mental health sessions.
- Prior authorization or continued stay authorizations will no longer be required for Intensive Outpatient Services or Acute Partial Hospitalization Services.
- Prior authorization for Crisis Stabilization Services will no longer be required. Continued stay requests will be required for Crisis Stabilization Services beyond seven (7) days.

This notice as well as the Montana Medicaid Member Guide can be found at

<http://dphhs.mt.gov/MontanaHealthcarePrograms>. For questions, call the Medicaid Member Help Line at 1-800-362-8312 Monday through Friday 8 a.m. to 5 p.m.